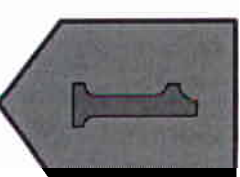




## ENLISTED PERSONNEL MANAGEMENT ELECTRONIC SOP



### Request Change/Proration of Tour

#### **Eligibility Criteria:**

- Must be serving in an overseas long tour area
- Must have sent or are planning to send Command Sponsored Family Members outside USAREUR
- Request to “change” a tour from “With Dependent” to “All Others” must be made within 12 months of arrival to the long tour area. A “Proration of Tour” is requested when a soldier is beyond 12 months of arrival to the long tour area. This request is necessary when a soldier’s family members are moved outside USAREUR as Command Sponsored family members.

#### **Documentation Required:**

- DA Form 4187
- Memorandum of recommendation by BDE/Sep BN Cdr or DA Form 4187-1-R
- Enlisted Records Brief (ERB), not more than 60 days old
- Letters from Finance, Housing, and Transportation offices

#### **Approval Authority:**

1<sup>st</sup> PERSCOM

#### **Disapproval Authority:**

1<sup>st</sup> PERSCOM

**PERSONNEL ACTION**

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.

**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.

**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) Commander Battalion Address	2. TO (Include ZIP Code) Commander 1st Infantry Division ATTN: AETV-BGA-EPM APO AE 09036	3. FROM (Include ZIP Code) Commander Unit Address
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI) ANY, SOLDIER	5. GRADE OR RANK/PMOS/AOC E-5/75H	6. SOCIAL SECURITY NUMBER 000-11-2222
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**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) Request Change/Proration of Tour
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

1. IAW AR 614-30, para 4-3, requests a Change/ Proration of Overseas Tour. This request is in conjunction with an Advance Return of Dependents Request.

**REASON:****DATE OF ARRIVAL TO USAREUR:****CURRENT DEROS:****ETS:**

6 Encl(s)

- Memorandum of recommendation by BDE/Sep BN Cdr or DA Form 4187-1-R
- Enlisted Records Brief (ERB), not more than 60 days old
- Letters from Finance, Housing, and Transportation offices
- AROD Approval Memorandum (If applicable)

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED
 ☐ RECOMMEND APPROVAL
 ☐ RECOMMEND DISAPPROVAL
 ☐ IS APPROVED
 ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

Commander's Full Name, Rank, Commanding

13. SIGNATURE

14. DATE (YYYYMMDD)